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## \*BIBDATASHEET\*

CONFIRMATION NO. 4720

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/672,071	<b>FILING OR 371(c) DATE</b> 09/25/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> MLFE.P003
<b>APPLICANTS</b> James R. Mault, Evergreen, CO; Edwin M. Pearce, Golden, CO; Thomas E. Kilbourn, Saratoga, CA; Geoffrey G. Moyer, Portola Valley, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/413,505 09/25/2002 and is a CIP of 10/128,105 04/23/2002 PAT 6,645,158 which is a CON of 09/601,589 09/19/2000 PAT 6,402,698 which is a 371 of PCT/US99/02448 02/05/1999 which claims benefit of 60/073,812 02/05/1998 and claims benefit of 60/104,983 10/20/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/29/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 34
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 53186				
<b>TITLE</b> Apparatus and method for determining a respiratory quotient				
<b>FILING FEE RECEIVED</b> 734	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	